

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33287

FILED OCT 1 1952

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1003

State File No. _____

8784

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. CITY b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location)			
a. (First) Bernadette				b. (Middle) Catherine		c. (Last) Ohlson	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)		9-18-52	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 26, 1912	
9. AGE (in years last birthday) 40		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office clerk				10b. KIND OF BUSINESS OR INDUSTRY Store			
11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Barthel John Hellrung		13b. MOTHER'S MAIDEN NAME Bertha Josephine Huber		14. NAME OF HUSBAND OR WIFE Nils Ohlson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 327-07-8614		17. INFORMANT'S SIGNATURE OR NAME Nils Ohlson, 707 E. 7th. Alton, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Refused intracranial aneurysm</u>				100			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 9/15/52		19b. MAJOR FINDINGS OF OPERATION Subarachnoid aneurysm		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 330x			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:35P M., from the causes and on the date stated above.							
23a. SIGNATURE E. J. Mohr, M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-19-52		24c. NAME OF CEMETERY OR CREMATORY St. Joseph		24d. LOCATION (City, town, or county) (State) Alton, Illinois	
DATE REC'D BY LOCAL REG. SEP 19 1952		REGISTRAR'S SIGNATURE J. Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Fred J. Hammer

Licensed Embalmer No. 4788

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.